Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Approved for use through 7/31/2006. OMB 0651-0032 PTO/SB/06 (08-03) U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Docket Number 728778 CLAIMS AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR FOR SMALL ENTITY NUMBER FILED BASIC FEE NUMBER EXTRA RATE (37 CFR 1.16(a)) FEE RATE TOTAL CLAIMS FEE (37 CFR 1.16(c)) OR minus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) If the difference in column 1 is less than zero, enter "0" in column 2. OR TOTAL OR CLAIMS AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY CLAIMS OR HIGHEST REMAINING SMALL ENTITY ENT NUMBER PRESENT AFTER RATE PREVIOUSLY ADDI-AMENDMENT **EXTRA** RATE ENDM PAID FOR TIONAL ADDI-Total TIONAL 10 Minus (37 CFR 1.16(c)) FEE 20 Independent (37 CFR 1.16(b)) x \$25 = Minus OR x \$50 = x \$ 100 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OF x \$200 = + \$180 = OR 340= TOTAL TOTAL ADD'L FEE OR (Column 1) ADD'L FEE (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ENT NUMBER PRESENT **AFTER** RATE PREVIOUSLY ADDI-**EXTRA** AMENDMENT RATE Total (37 CFR 1.16(c)) PAID FOR ADDI-TIONAL ENDM Minus TIONAL FEE FEE Independent (37 CFR 1.16(b)) x \$25 = Minus OR x:50 = x \$100 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR x =200 = + \$180 = OR + \$340. = TOTAL ADD'L FEE TOTAL OR (Column 1) ADD'L FEE (Column 2) (Column 3) CLAIMS O HIGHEST NUMBER REMAINING ENDMENT AFTER AMENDMENT PRESENT RATE PREVIOUSLY ADDI-**EXTRA** RATE Total (37 CFR 1.16(c)) PAID FOR TIONAL ADDI-Minus FEE TIONAL FEE Independent (37 CFR 1.16(b)) x \$25 = Minus x \$ 50 = OR x \$100 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x \$200 = OR + , 180 = OR + \$340= TOTAL \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". TOTAL ADD'L FEE OR ADD'L FEE

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.